

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90279 004 ***150.00

0435860 AV

DOCUMENT # F50333

1. Entity Name
H.W. ROGERS, INC.



Principal Place of Business
**C/O MICHAEL A. RIDER
13 OAK STREET
LAKE PLACID FL 33852**

Mailing Address
**159 NW 70TH STREET
UNIT 613
BOCA RATON FL 33487
US**



2. Principal Place of Business

3. Mailing Address
7660 SILVERWOODS COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
BOCA RATON FLORIDA

4. FEI Number **59-2127525**

Applied For
Not Applicable

Zip

Country

Zip
33433

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, H W
159 NW 70TH STREET UNIT 613
BOCA RATON FL 33487**

Name
ROGERS H.W.
Street Address (P.O. Box Number is Not Acceptable)
7660 SILVERWOODS COURT
City **BOCA RATON** FL **33433**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *H.W. Rogers*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-12-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROGERS, H. W.
159 NW 70TH ST., UNIT 613
BOCA RATON FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD.
ROGERS, H.W.
7660 SILVERWOODS COURT
BOCA RATON FLORIDA 33433** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, PAULETTE E.
159 NW 70TH ST., UNITE 613
BOCA RATON FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, PAULETTE E.
7660 SILVERWOODS COURT
BOCA RATON FLORIDA 33433** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROGERS, TODD, HEDLEY
159 NW 70TH ST., UNIT 613
BOCA RATON FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROGERS, TODD HEDLEY
7660 SILVERWOODS COURT
BOCA RATON FLORIDA 33433** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
MOSS, SONYA L
159 NW 70TH ST UNIT 409
BOCA RATON FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
MOSS, SONYA L.
7660 SILVERWOODS COURT
BOCA RATON FLORIDA 33433** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H.W. Rogers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-03 561-241-9305
Date Daytime Phone #

CR2E034 (10/02)